

# Kashia Band of Pomo Indians of Stewarts Point Rancheria



## Direct Deposit Agreement Form

### Authorization Agreement

I \_\_\_\_\_ hereby authorize Stewarts Point Rancheria to initiate automatic deposits to my Authorized Bank Account with my name as owner or joint at the financial institution named below. I also authorize Stewarts Point Rancheria to make withdrawals from this account if a credit entry is made in error.

I hereby agree to notify Stewarts Point Rancheria of any address changes immediately after moving. I agree to not hold Stewarts Point Rancheria responsible for not receiving my yearly 1099 if my address is incorrect and not updated.

Further, I agree not to hold Stewarts Point Rancheria responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I hereby authorized Stewarts Point Rancheria to charge Ach a return bank fee of \$32.00 to my RSTF, if I do not notify the Fiscal Department of a closed bank account prior to release of funds. Thus resulting in the return of RSTF funds back to Stewarts Point Rancheria.

This agreement will remain in effect until Stewarts Point Rancheria receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Fiscal Office.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_      Checking       Savings

Account Number: \_\_\_\_\_

### Signature

Address: \_\_\_\_\_

Phone: \_\_\_\_\_      Last 4 digits of Soc # \_\_\_\_\_

Tribal ID # \_\_\_\_\_

Name: \_\_\_\_\_

Authorized Signature (Primary): \_\_\_\_\_      Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_      Date: \_\_\_\_\_

**Please attach a voided check or deposit slip and return this form to the Fiscal Office.**